


Hill Avenue Academy

In Association with:

Manor Multi-Academy Trust



Asthma Care Plan

The Royal Wolverhampton 
NHS Trust



Asthma Care Plan

My child suffers from ASTHMA and requires an inhaler in school.

Child's name.....

Date of Birth.....

Address.....

Telephone Number

Regular treatment to be given during school hours

Name of medication	Dosage	When to be taken

Reliever medication to be given as required

Name of medication	Dosage	When to be taken

Treatment to be taken before exercise

Name of medication	Dosage	When to be taken

Asthma Triggers (if known)

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Emergency Reliever Inhaler

In the event of my child, **PRINT CHILD'S NAME**..... having symptoms of asthma and if their inhaler is not available or is unusable, I consent for my child to receive Salbutamol from an emergency inhaler held by the school for such emergencies.

(Print Name) Parent / Carer

Signed Parent / Carer

Date



I (parent/carer's name)

confirm that my child..... is :-

a . Able to take responsibility for the administration of their own reliever in school (blue) inhaler when required

or

b. Unable to take responsibility for the administration of their own reliever inhaler (blue) and will require assistance from parent\carer during school hours

Signed (Parent/carer)

Date.....

In case of a severe attack of Asthma

Typical symptoms for this pupil (completed with parents/carers)

Medication required and treatment procedure:

Quantity needed:

Usual response to medication (include approximate response times)

Procedure in case of failure to respond to medication

Signed

Date